

1124

11-24

PLAINT: WILL RECORDING INK-714 IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>148</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>729 941</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			St. _____ Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		If child is not yet named, make supplemental report, as directed.
2. Full name of child <u>Thora Angle</u>			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
6. Date of birth <u>Nov-8-1924</u>	Month day year	7. No., in order of birth <u>4</u>	
8. FATHER		14. MOTHER	
Full name <u>George Angle</u>		Full maiden name <u>Henrietta Perry</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If nonresident, give place and state <u>Ariz.</u>		If nonresident, give place and state <u>Ariz.</u>	
10. Color or race <u>Cauc.</u>		16. Color or race <u>Cauc.</u>	
11. Age at last birthday <u>33</u> (Years)		17. Age at last birthday <u>29</u> (Years)	
12. Birthplace (city or place) <u>Globe</u>		18. Birthplace (city or place) <u>Oakman</u>	
(State or country) <u>Ariz.</u>		(State or country) <u>Ala.</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Shift Boss</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against phthalmia neonatorum?	
(a) Born alive and now living <u>1</u>		<u>yes</u>	
(b) Born alive but now dead <u>3</u>			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE ³⁰			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>2 A.M.</u> on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Byril M. Crow M.D.</u>	
Given name added from a supplemental report _____		(Physician or midwife)	
Month, day, year. _____		Address <u>Miami, Ariz.</u>	
Registrar. _____		Filed <u>Dec 31, 1924</u>	
		Filed <u>1-5-1925</u>	
		Local Registrar. <u>B. J. J. J.</u>	
		County Registrar. _____	

315-1104-878